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Effective on 12/03/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4207)

FEE TRANSMITTAL FOR FY 2005

APR 15 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(S) \$1650 TRADEMARK

Filing Date December 20, 2000

First Named Inventor Paul Gulko

Examiner Name Vanel Frenel

Art Unit 3626

Attorney Docket No. GFM-00101 (803970/100)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
Multiple document claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Fee (\$)	
99	- 66 or HP =	33	x \$50	= \$1,650	50	25
HP = highest number of total claims paid for, if greater than 20						
200 100						
360 180						

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
99 - 66 or HP = 33 x \$50 = \$1,650 **Fee (\$)** **Fee Paid (\$)**
HP = highest number of total claims paid for, if greater than 20 \$360 \$0

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
3 - 3 or HP = 0 x \$200 = \$0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. 35,584 (Attorney/Agent)	Telephone (585) 263-1014
Name (Print/Type)	Gunnar G. Leinberg		
Date	April 13, 2005		

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]
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Signature:

Name: Sheri A. Moscato

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Effective as 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

O'FEE TRANSMITTAL FOR FY 2005

JAN 13 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(S)600

		Attorney Docket No.	GFM-00101 (803970/100)
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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

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FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
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Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Fee (\$)	Fee Paid (\$)
111 - 99 or HP =	12 x	\$50	\$600	50	25	

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
3 - 3 or HP =	0 x	\$100	\$0	\$180	\$0	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)

Other: _____

SUBMITTED BY

Signature	<i>Gunnar Leinberg</i>	Registration No. (Attorney/Agent)	35,584	Telephone	(585) 263-1014
Name (Print/Type)	Gunnar G. Leinberg	Date	January 13, 2006		

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